

# THERACARE

1133 Westchester Avenue, Suite N230  
White Plains, NY 10604  
914-576-5292  
914-576-3983 (fax)

## Confidential Facsimile Transmittal Cover Sheet

To: \_\_\_\_\_ Fax: \_\_\_\_\_

From: \_\_\_\_\_ Date: \_\_\_\_\_

Re: \_\_\_\_\_ Pages Including  
Cover Sheet: \_\_\_\_\_

CC: \_\_\_\_\_

Urgent       For Review       Please Comment       Please Reply       Please Recycle

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONFIDENTIAL**  
*The documents accompanying this telecopy/facsimile transmission may contain confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party and is required to return or destroy the information after its stated need has been fulfilled, unless otherwise required by state law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this telecopy/facsimile in error, please notify the sender immediately to arrange for return of documents.*